

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLIDAY'S PLACE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1108 QUAIL-MEADOW DRIVE FAYETTEVILLE, NC 28314</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 312	<p><b>DRUG USAGE</b> CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications used to address behaviors for 1 of 3 audit clients (#1) were included in a formal active treatment program. The finding is:</p> <p>Review on 7/18/23 of client #1's current physician's orders dated May 2023 revealed orders for Risperdal and Depakote. Additional review of the client's record did not include a formal active treatment plan incorporating the use of Risperdal and Depakote to address inappropriate behaviors.</p> <p>Interview on 7/18/23 with the Qualified Intellectual Disabilities Professional (QIDP) and Home Manager (HM) indicated client #1 takes Risperdal and Depakote to address inappropriate behaviors; however, these medications were not included in a formal active treatment program.</p>	W 312			
W 383	<p><b>DRUG STORAGE AND RECORDKEEPING</b> CFR(s): 483.460(l)(2)</p> <p>Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure only authorized persons have access to the keys to the medication closet. The finding is:</p>	W 383			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 383	<p>Continued From page 1</p> <p>During morning observations in the home on 7/18/23 at 7:16am, the keys to the medication closet were in an unlocked drawer next to the medication closet and accessible to any one in the home.</p> <p>Immediate interview with Staff B, the Medication Technician (MT), revealed she routinely places the keys to the medication closet in the drawer until the next MT comes in.</p> <p>Review on 7/18/23 of a note posted next to the medication closet revealed the keys to the medication closet are to be kept on the person.</p> <p>Interview on 7/18/23 with the Director revealed staff are trained to keep the keys to the medication closet on their person and not in a drawer.</p>	W 383			